APPLICATION FOR CHEMIGATION EQUIPMENT OPERATOR CERTIFICATION

NAME (Print or Type):(Last)	(E. 1)		(A.C.111, T1)	
	(First)		(Middle Initial)	
ADDRESS: (Street or R.R. and Box No.)		COUNTY (Abbre	eviation):	
CITY:	STATE:	ZIP:		
SOC. SEC. NO.:	TELEPHONE: ()			
IMPORTANT: All irrigation systems used to apply an be permitted by the Kansas Department of Agricultu Chemigation Safety Law. If you will be working unde User Permit holder (person or business) and the Cher	ure and issued a Chemigation User's Per a Chemigation User's Permit, please en	ermit or be in vio	olation of the K	ansas
CHEMIGATION USER'S PERMIT HOLDER NAM	ИЕ	PER	MIT NO	
I hereby apply for a Chemigation Equipment requirements for certification:	•	re that I must r	meet the follow	wing
REFUNDABLE. Sending curren		of Agriculture. Your canceled	FEES ARE N	NON- ve as
-	rt any change in mailing address by t e occurred either by phone, fax or e-	•		_
NOTE: Certification period is for five years, exp Recertification requirements are the same as ab		lendar year afte	er the year of is	ssue.
SIGNATURE	DA	TE		
DO NOT WRITE BEL	OW THIS LINE (FOR OFFICE U	USE ONLY)		
KDA TR # Date Rec'd Check No. Amt. Rec'd \$25.00 (CHE) Paid by	y	CEO. NO.	DATE	